



RESPONSE UNDER 37 CFR 1.116  
EXPEDITED PROCEDURE  
EXAMINING GROUP 2877

00684.003208.1

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:	)	
Chidane OUCHI	)	Examiner: M. A. Lyons
Application No.: 10/693,880	)	Group Art Unit: 2877
Filed: October 28, 2003	)	Confirmation No.: 4094
For: INTERFERENCE SYSTEM AND	)	
SEMICONDUCTOR EXPOSURE	)	May 23, 2005
APPARATUS HAVING THE SAME	)	

**Mail Stop AF**  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

AMENDMENT AFTER FINAL REJECTION

Sir:

In response to the final Official Action dated February 23, 2005, please amend the above-identified application as follows, pursuant to 37 C.F.R. § 1.116:



Corres. and Mail  
**BOX AF**

*ZPW*  
*AF*

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**Mail Stop AF**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment After Final Rejection in the above-identified application.

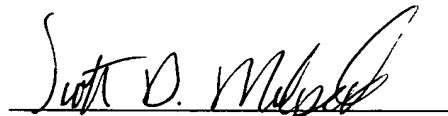
☒ No additional fee is required.

The fee has been calculated as shown below:

CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	6	MINUS	20	= 0	x \$25 \$50	\$0.00
INDEP. CLAIMS	3	MINUS	3	= 0	x \$100 \$200	\$0.00
Fee for Multiple Dependent claims \$180/\$360						\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT						\$0.00

- ☐ °Verified Statement claiming small entity status is enclosed, if not filed previously.
- ☐ A check in the amount of \$\_\_\_\_\_ is enclosed.
- ☐ Charge \$\_\_\_\_ to Deposit Account No. 06-1205. A duplicate of this sheet is enclosed.
- ☒ Any prior general authorization to charge an issue fee under 37 CFR 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate of this paper is enclosed.
- ☐ A check in the amount of \$\_\_\_\_\_ to cover the fee for a \_\_\_\_\_ month extension is enclosed.
- ☐ A check in the amount of \$\_\_\_\_ to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicant's undersigned attorney may be reached in our Washington, D.C. office by telephone at (202) 530-1010. All correspondence should be directed to our address given below.

Respectfully submitted,



Attorney for Applicant  
Scott D. Malpede  
Registration No. 32,533

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SDM/eab

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